



Family Owned & Operated
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In order to enroll at and attend Steps to Excellence, LLC you must complete the following before first day:

- Attend Family Interview and Site Tour
- Fill out Enrollment Application Packet for each child attending
- Provide current printed copies of OSIS Official Immunization Record (screenshots, pictures, non-official copies NOT accepted) for each child AND a copy of your work schedule
- DHS Subsidy - give your worker our contract number to get authorized to enroll. Pay Registration fee
- Private Pay - First week's payment & Registration Fee due with enrollment.
- Go over Parent Handbook and complete additional enrollment forms.

Family Orientation Questionnaire

We want to know a little about you and your children!

Please answer the following:

Your Name: _____ (parent/guardian)

Your Cell Phone Number: _____

Your Best Contact Email: _____

Your Street Address: _____

Which will you be utilizing?

- DHS Subsidy
 Private Pay

How many children do you have? _____

Name of Child	Birth Date	Race	Hispanic/Latino? (Y/N)	Will be attending childcare? (Y/N)



Tell us about your child/ren's personality. What are they like? What are they interested in?

Tell us about your child/ren's dietary needs. Are they on a special diet?

Tell us about your child/ren's medical needs. Are there any health issues we should know about?

Tell us about your child/ren's immunization history. Are their vaccines up-to-date?

Tell us about your child/ren's behavior. Are there any issues we should be aware of?

Which days and hours will your child/ren need care?

What do you do for a living?

What is your work schedule like? Is it stable and predictable or variable?

How long will you need child care? (Care needs vary between families, so are you looking for something for a few weeks or more long-term?)

Has your child/ren attended a childcare home/center in the past? Circle one: Yes / No

If yes, why did you leave your previous childcare center?

What did you like or dislike about that experience?

What are you looking for in your child/ren's childcare experience?

Parent Signature

Date



Program Name: Steps to Excellence, LLC.

K-820056762

Date: _____

Child Information:

_____	_____	_____/_____/_____
Child's Name	Gender	Date of Birth
_____	_____	Oklahoma
Home Street Address	City	State
_____	_____	Oklahoma
Mailing Address	City	State
_____	_____	_____
Finding Directions	Zip	County

_____	_____	_____
Parent or Guardian Name, (Adult Whom Child Lives With)	Phone	Alternate Phone
_____	_____	_____
Place of Employment	Business Phone	Email

_____	_____	_____
Parent or Guardian Name,, (Adult Whom Child Lives With)	Phone	Alternate Phone
_____	_____	_____
Place of Employment	Business Phone	Email

Emergency Contact

List of individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference.

Name	Phone

Immunization Record

- Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. **Parent/Guardian must provide a copy of the current updated immunization record to the child care program.** Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for Immunizations and exemption procedures.

Health Record

Child's Physician or Clinic,

Phone

Street Address

City

Oklahoma
State

ZIP

- I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe.

Does your child have any known allergies?

Yes No

When yes, list:

Does the known allergy require special precautions, actions, or medications?

Yes No

When yes, list:

Describe any special precautions for diet, medication, or activity, when applicable.

Are there any special considerations that would assist this program in providing care to your child?

When yes, describe.

Will your child receive any specialized services from professional outside of this program's personnel?

Yes No

- When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?

Yes No

Transportation

- I do not give permission to transport my child.
- I give permission for my child to be transported by Steps to Excellence, LLC under the following circumstances.

Select all that apply:

- When an emergency occurs and I cannot be reached.
- Field trips
- To and from home

Drop-off time: _____ Pick-up time: _____

Specific plan for transfer and supervision:

- To and from school

Drop-off time: _____ Pick-up time: _____

Specific plan for transfer and supervision:

- Other, specify:

Pick Up Permission

Individuals who have permission to pick up my child:

Name	Phone

Signature

I understand this form is supplied by the Oklahoma Human Services (OKDHS) for the convenience of Steps to Excellence, LLC (the child care program) and me to assist with the care of my child. Supplying this form in no way imposes any responsibility or obligation upon OKDHS.

Program policies are supplied to parents upon enrollment and when revisions are made.

Selecting Quality Care – A Parent Guide, DHS Publication 87–91, Licensing Requirements for Child Care Programs, DHS Publication 14–05, the program compliance file are all made accessible to parents in a prominent location.

Parent/Guardian Signature

Date

Child Care Program Use

Date child entered program: _____ Date child withdrawn: _____



Authorization

I hereby authorize Steps to Excellence, LLC to administer to _____ (name of child) the medication listed below, which has been supplied to me and which is clearly labeled.

_____ Medication

_____ Reason for medication

Instructions:

Refrigerate? Yes No

I understand this form is supplied by the Oklahoma Human Services (OKDHS) for the convenience of Steps to Excellence, LLC (the child care facility) and me and that supplying this form in no way imposes any responsibility or obligation upon OKDHS.

_____ Parent/Guardian Signature

_____ Date

Medication Dispensing Information

Date	Time Dispensed	Amount Dispensed	Initials



Sunscreen Authorization Form

Please complete one form per child

We understand the importance of protecting your child's skin from the harmful effects of the sun. As part of our childcare program, we require authorization from you to apply sunscreen to your child while they are in our care.

Please complete the following form to provide us with permission to apply sunscreen to your child:

Child's Name: _____

Sunscreen Brand: _____

SPF Level: _____

I _____ (parent/guardian) authorize the staff at Steps to Excellence, LLC to apply sunscreen to my child using the above-stated brand and SPF level as needed

Please note that our staff will only apply sunscreen to exposed areas of your child's skin and we will take appropriate precautions to avoid getting sunscreen in your child's eyes or mouth. If your child has any sensitivities or allergies to specific sunscreen brands or ingredients, please notify us immediately.

Thank you for your cooperation in helping us keep your child safe and protected from the sun.

Sincerely,
Steps to Excellence, LLC Staff

Parent/Guardian Signature

Date



Field Trips Permission Form Waiver

I _____, the parent of _____
_____ (my child/ren), give permission
for my child/ren to attend the Steps to Excellence Learning Academy, LLC field trips (including trips to
the park, library, splash pad, swimming pool, etc.).

I understand that personal injury can and may occur to my child, and I hereby authorize Steps to
Excellence, Learning Academy, LLC staff, or another appointed personnel, to seek and consent to
emergency medical attention for my child as needed; and I further agree to be liable for and to pay all
costs incurred in connection with such medical attention.

I hereby release Steps to Excellence, Learning Academy, LLC staff and volunteers from any and all
liability, claims, demands, causes of action, and possible causes of action whatsoever arising out of or
related to any loss, damage, or injury (including death) that may be sustained by my child/ren while
participating in or traveling to and from this event.

The following is all of the insurance information, restrictions, allergy, and medication information
necessary for my child/ren to receive appropriate medical care.

I give permission for my child/ren to ride in any vehicle designated by Steps to Excellence, Learning
Academy, LLC staff and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the
property of Name of Organization, properties visited on outing, other's personal property, or vehicles
used for transportation.

I agree and consent to all of the above stated.

Parent/Guardian Signature

Date

